



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>GARY BLAKE AGENCY</b> 916 W Ravina Ln Anthem, AZ 85086	<b>CONTACT NAME:</b> Gary Blake <b>PHONE (A/C No. Ext):</b> (480)991-1255 <b>E-MAIL ADDRESS:</b> Gary@GaryBlakeAgency.com	<b>FAX (A/C, No):</b> (480)991-5078
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>SOUTHERN CROSSING HOA</b> 1428 E Pecan Rd PHOENIX, AZ 85040 <p style="text-align: right;"><b>AZ 85040</b></p>	<b>INSURER A:</b> FARMERS INSURANCE EXCHANGE	<b>NAIC #</b> 21652
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		606236927	10/16/2022	10/16/2023	EACH OCCURRENCE	\$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 75,000	
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			606236927	10/16/2022	10/16/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	BODILY INJURY (Per person)						\$	
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Directors & Officers Includes Discrimination Employee Dishonesty	Y		606236927	10/16/2022	10/16/2023	<b>Deductible 500</b>	<b>1,000,000</b>
	<b>Deductible 500</b>						<b>50,000</b>	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**RE: SOUTHERN CROSSING HOA****30 DAY NOTICE OF CANCELLATION/10 DAY FOR NON PAYMENT****ADDITIONAL INSURED: VISION COMMUNITY MANAGEMENT****CERTIFICATE HOLDER****CANCELLATION**

**VISION COMMUNITY MANAGEMENT**  
 16625 S DESERT FOOTHILLS PARKWAY  
 PHOENIX, AZ 85048

RSalazar@wearevision.com

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/14/2022

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY <b>GARY BLAKE AGENCY</b> 916 W Ravina Ln Anthem, AZ 85086	PHONE (A/C, No, Ext): <b>(480)991-1255</b>	COMPANY <b>FARMERS INSURANCE EXCHANGE NAIC #21652</b>
FAX (A/C, No): <b>(480)991-5078</b>	E-MAIL ADDRESS: <b>Gary@GaryBlakeAgency.com</b>	
CODE: AGENCY CUSTOMER ID #:	SUB CODE:	
INSURED <b>SOUTHERN CROSSING HOA</b> 1428 E Pecan Rd PHOENIX, AZ 85040  <b>AZ 85040</b>	LOAN NUMBER	POLICY NUMBER <b>606236927</b>
	EFFECTIVE DATE <b>10/16/2022</b>	EXPIRATION DATE <b>10/16/2023</b>
	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
	THIS REPLACES PRIOR EVIDENCE DATED:	

## PROPERTY INFORMATION

LOCATION/DESCRIPTION <b>SOUTHERN CROSSING HOA</b> 1428 E Pecan Rd Phoenix, AZ 85040
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THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL	AMOUNT OF INSURANCE	DEDUCTIBLE
COVERAGE / PERILS / FORMS						
<b>ASSOCIATION COMMON BUILDINGS AND FENCING</b>					<b>57,900</b>	<b>1,000</b>
<b>BUILDING ORDINANCE A</b>					<b>57,900</b>	<b>1,000</b>
<b>BUILDING ORDINANCE B</b>					<b>25,000</b>	
<b>BUILDING ORDINANCE C</b>					<b>11,400</b>	
<b>DIRECTORS &amp; OFFICERS INCLUDING DISCRIMINATION</b>					<b>1,000,000</b>	<b>500</b>
<b>EMPLOYEE DISHONESTY</b>					<b>50,000</b>	<b>500</b>
<b>LIABILITY 2,000,000 Occurrence/4,000,000 Aggregate</b>						
<b>HIRED AND NON OWNED AUTO 2,000,000</b>						

## REMARKS (Including Special Conditions)

30 DAYS NOTICE OF CANCELLATION/10 DAY FOR NON PAYMENT.  
 \*\*\*\*\*THIS IS A COMMON AREA LIABILITY POLICY ONLY\*\*\*\*\* NO COVERAGE FOR HOMES OR UNITS IN THIS COMMUNITY.  
 ADDITIONAL INSURED: VISION COMMUNITY MANAGEMENT

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

NAME AND ADDRESS <b>VISION COMMUNITY MANAGEMENT</b> 16625 S DESERT FOOTHILLS PKWY PHOENIX, AZ 85048 RSalazar@wearevision.com 480-759-4945	<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE		
LOAN #			
AUTHORIZED REPRESENTATIVE 			